

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4376

CERTIFICATE OF DEATH

04364

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Garrett</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Grantsville</u>		c. LENGTH OF STAY IN 1b <u>Life</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>A.</u> Last <u>BUTLER</u>		4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 5, 1876</u>
9. AGE (In years last birthday) <u>82</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Grantsville Garrett Co. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Amos Butler</u>		14. MOTHER'S MAIDEN NAME <u>Hannah Durst</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs Melba Butler, Grantsville, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) <u>Arteriosclerosis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>NO</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Feb. 21, 1959</u> , to <u>Apr. 23, 1959</u> , that I last saw the deceased alive on <u>Apr. 21, 1959</u> , and that death occurred at <u>2:15 PM</u> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED	
ACTUAL SIGNATURE <u>C. W. Stotler M.D.</u>		<u>4-24-59</u>	
PHYSICIAN'S NAME (Type) <u>C. W. STOTLER</u>		<u>349 Main St. Meyersdale Pa.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>1/26/59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Grantsville</u>	22d. LOCATION (City, town, or county) (State) <u>Grantsville, Garrett Co., Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Don J. Newman</u>		ADDRESS <u>Grantsville, Md.</u>	
24a. REC'D BY REGISTRAR DATE <u>APR 28 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Kraus</u>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04365
Reg. Dist. No.

4377

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland				c. LENGTH OF STAY IN 1b 39 Days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Simon Middle Farris Last Farris				4. DATE OF DEATH Month April Day 24 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 11, 1892	
9. AGE (In years last birthday) yrs. 66		IF UNDER 1 YEAR Months 66 Days 66 Hours 66 Min. 66		IF UNDER 24 HRS. Months 66 Days 66 Hours 66 Min. 66			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Great Capon, W. Va.	
12. CITIZEN OF WHAT COUNTRY? America							
13. FATHER'S NAME Jacob L. Farris				14. MOTHER'S MAIDEN NAME Margaret Forback			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) Yes				16. SOCIAL SECURITY NO. 236-03-2581		17. INFORMANT (Daughter) Mrs. John Johnston Address Piedmont, W. Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Heart Disease 422.1 DUE TO Pulmonary Emphysema Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterio Sclerosis DUE TO (c) Arterio Sclerosis INTERVAL BETWEEN ONSET AND DEATH 2 years 8 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 3-16-59 , 19 59 , to 4-24-59 , 19 59 , that I last saw the deceased alive on 4-24-59 , 19 59 , and that death occurred at 10:21 AM , from the causes and on the date stated above.							
ACTUAL SIGNATURE Andrew E. Mance M.D.				ADDRESS (Street, city or town, state) Oakland Md DATE SIGNED 24 Apr 59			
PHYSICIAN'S NAME (Type) Andrew E. Mance, M. D.,				Oakland, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial				22b. DATE THEREOF 4/27/59		22c. NAME OF CEMETERY OR CREMATORY Philos	
22d. LOCATION (City, town, or county) Westernport				(State) Md.			
23. FUNERAL DIRECTOR'S SIGNATURE El Boal				ADDRESS Westernport, Md.		24a. REC'D BY REGISTRAR APR 28 '59	
				24b. REGISTRAR'S SIGNATURE Arthur L. Hance			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

PLAIN BOND

<p>1. Name of the deceased: _____</p>		<p>2. Age: _____</p>	
<p>3. Sex: _____</p>		<p>4. Date of birth: _____</p>	
<p>5. Date of death: _____</p>		<p>6. Time of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Place of death: _____</p>	
<p>9. Signature of the medical officer: _____</p>		<p>10. Signature of the registrar: _____</p>	
<p>11. Signature of the informant: _____</p>		<p>12. Signature of the witness: _____</p>	
<p>13. Signature of the registrar: _____</p>		<p>14. Signature of the registrar: _____</p>	
<p>15. Signature of the registrar: _____</p>		<p>16. Signature of the registrar: _____</p>	
<p>17. Signature of the registrar: _____</p>		<p>18. Signature of the registrar: _____</p>	
<p>19. Signature of the registrar: _____</p>		<p>20. Signature of the registrar: _____</p>	
<p>21. Signature of the registrar: _____</p>		<p>22. Signature of the registrar: _____</p>	
<p>23. Signature of the registrar: _____</p>		<p>24. Signature of the registrar: _____</p>	
<p>25. Signature of the registrar: _____</p>		<p>26. Signature of the registrar: _____</p>	
<p>27. Signature of the registrar: _____</p>		<p>28. Signature of the registrar: _____</p>	
<p>29. Signature of the registrar: _____</p>		<p>30. Signature of the registrar: _____</p>	
<p>31. Signature of the registrar: _____</p>		<p>32. Signature of the registrar: _____</p>	
<p>33. Signature of the registrar: _____</p>		<p>34. Signature of the registrar: _____</p>	
<p>35. Signature of the registrar: _____</p>		<p>36. Signature of the registrar: _____</p>	
<p>37. Signature of the registrar: _____</p>		<p>38. Signature of the registrar: _____</p>	
<p>39. Signature of the registrar: _____</p>		<p>40. Signature of the registrar: _____</p>	
<p>41. Signature of the registrar: _____</p>		<p>42. Signature of the registrar: _____</p>	
<p>43. Signature of the registrar: _____</p>		<p>44. Signature of the registrar: _____</p>	
<p>45. Signature of the registrar: _____</p>		<p>46. Signature of the registrar: _____</p>	
<p>47. Signature of the registrar: _____</p>		<p>48. Signature of the registrar: _____</p>	
<p>49. Signature of the registrar: _____</p>		<p>50. Signature of the registrar: _____</p>	
<p>51. Signature of the registrar: _____</p>		<p>52. Signature of the registrar: _____</p>	
<p>53. Signature of the registrar: _____</p>		<p>54. Signature of the registrar: _____</p>	
<p>55. Signature of the registrar: _____</p>		<p>56. Signature of the registrar: _____</p>	
<p>57. Signature of the registrar: _____</p>		<p>58. Signature of the registrar: _____</p>	
<p>59. Signature of the registrar: _____</p>		<p>60. Signature of the registrar: _____</p>	
<p>61. Signature of the registrar: _____</p>		<p>62. Signature of the registrar: _____</p>	
<p>63. Signature of the registrar: _____</p>		<p>64. Signature of the registrar: _____</p>	
<p>65. Signature of the registrar: _____</p>		<p>66. Signature of the registrar: _____</p>	
<p>67. Signature of the registrar: _____</p>		<p>68. Signature of the registrar: _____</p>	
<p>69. Signature of the registrar: _____</p>		<p>70. Signature of the registrar: _____</p>	
<p>71. Signature of the registrar: _____</p>		<p>72. Signature of the registrar: _____</p>	
<p>73. Signature of the registrar: _____</p>		<p>74. Signature of the registrar: _____</p>	
<p>75. Signature of the registrar: _____</p>		<p>76. Signature of the registrar: _____</p>	
<p>77. Signature of the registrar: _____</p>		<p>78. Signature of the registrar: _____</p>	
<p>79. Signature of the registrar: _____</p>		<p>80. Signature of the registrar: _____</p>	
<p>81. Signature of the registrar: _____</p>		<p>82. Signature of the registrar: _____</p>	
<p>83. Signature of the registrar: _____</p>		<p>84. Signature of the registrar: _____</p>	
<p>85. Signature of the registrar: _____</p>		<p>86. Signature of the registrar: _____</p>	
<p>87. Signature of the registrar: _____</p>		<p>88. Signature of the registrar: _____</p>	
<p>89. Signature of the registrar: _____</p>		<p>90. Signature of the registrar: _____</p>	
<p>91. Signature of the registrar: _____</p>		<p>92. Signature of the registrar: _____</p>	
<p>93. Signature of the registrar: _____</p>		<p>94. Signature of the registrar: _____</p>	
<p>95. Signature of the registrar: _____</p>		<p>96. Signature of the registrar: _____</p>	
<p>97. Signature of the registrar: _____</p>		<p>98. Signature of the registrar: _____</p>	
<p>99. Signature of the registrar: _____</p>		<p>100. Signature of the registrar: _____</p>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04366
Reg. Dist. No.

4378

1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, Maryland c. LENGTH OF STAY IN 1b 1 d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Baby Girl (Bonnie Sue) Frantz		4. DATE OF DEATH April 8 1959	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/28/59
9. AGE (In years last birthday) 12 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12 Days 12 Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn		10b. KIND OF BUSINESS OR INDUSTRY Maryland	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frantz, Dale William		14. MOTHER'S MAIDEN NAME Frazee, Patricia Louise	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ----	
17. INFORMANT Dale William Frantz		Address Friendsville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONITIS 763.5 DUE TO PREMATURITY Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PREMATURITY (c) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 12 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 3-28 , 19 59 , to 4-8 , 19 59 , that I last saw the deceased alive on 4-8 , 19 59 , and that death occurred at 6:15 P.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE James H. Feaster, Jr.		ADDRESS (Street, city or town, state) 582-1st Oakwood Rd Friendsville, Md.	
PHYSICIAN'S NAME (Type) Feaster, James H. Jr.		DATE SIGNED 4-8-59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/9/1959	
22c. NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery		22d. LOCATION (City, town, or county) (State) Friendsville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE AL L... Oak...		ADDRESS Oakland, Md.	
24a. REC'D BY REGISTRAR APR 13 '59		24b. REGISTRAR'S SIGNATURE C. S. ...	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

2070172XV3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04367
Reg. Dist. No.

4379

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland, Md.				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2 Mi. W. Oakland, Route #39				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRELLIN			
				d. STREET ADDRESS 1			
3. NAME OF DECEASED (Type or print) First GERALD Middle EUGENE Last GANK				4. DATE OF DEATH Month APRIL Day 9 Year 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH APRIL 10th., 1915 43 yrs.	
						9. AGE (In years last birthday) 43 yrs.	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner				10b. KIND OF BUSINESS OR INDUSTRY Stanley Coal Co.		11. BIRTHPLACE (State or foreign country) Maryland.	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Gank				14. MOTHER'S MAIDEN NAME Mary Etta Boardner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 220-10-2841		17. INFORMANT Mrs. Wayne Biser		Address Oakland, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED SKULL 816x DUE TO Conditions, If any, which gave rise to immediate cause (b) (c), stating the underlying cause lost. DUE TO							INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) HEAD ON COLLISION WITH ANOTHER CAR, NEAR OAKLAND, MD.					
20c. TIME OF INJURY Month, Day, Year Hour 7:30 p. m. 4-9-59 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HIGHWAY		20f. (City or town) (County) (State) Near OAKLAND GARRETT, MD.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <i>James H. Feaster, Jr.</i>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) JAMES H. FEASTER, JR., M. D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/12/1959		22c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		22d. LOCATION (City, town, or county) (State) Oakland, Maryland.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>H. C. Leighton</i>				ADDRESS Oakland, Md.		24a. RECEIVED BY REGISTRAR APR 13 59	
						24b. REGISTRAR'S SIGNATURE <i>Arthur S. Brown</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Office of the Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

4380

CERTIFICATE OF DEATH

04368
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Garrett</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Grantsville, Md.</u>		c. LENGTH OF STAY IN 1b <u>7 months</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>WASHINGTON</u> Last <u>HARE</u>		4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 3, 1875</u>
9. AGE (In years last birthday) <u>84</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Garrett Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Eli Hare</u>		14. MOTHER'S MAIDEN NAME <u>Rachael Spiker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Carrie Hoover, Grantsville, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocardial failure</u> 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>10 years</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Cirrhosis of liver</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Jan 1, 1959</u> , to <u>April 29, 1959</u> , that I last saw the deceased alive on <u>April 28, 1959</u> , and that death occurred at <u>8:30 A.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>A. Paige Strong</u>		DATE SIGNED <u>4/29/59</u>	
PHYSICIAN'S NAME (Type) <u>A. PAIGE STRONG</u>		ADDRESS (Street, city or town, state) <u>Grantsville, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>5/2/59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Thomas Bittinger</u>		22d. LOCATION (City, town, or county) (State) <u>Jennings, Garrett Co., Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Don J. Newman</u>		ADDRESS <u>Grantsville, Md.</u>	
24a. REC'D BY REGISTRAR <u>MAY 4 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hines</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be kept with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

04369

4381

1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Lake Park,	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION "G" Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louisa Middle Eva Last Johnson		4. DATE OF DEATH Month April Day 17, Year 19 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1887
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months 71	IF UNDER 24 HRS. Days 71 Hours 71 Min. 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Benjamin H. Long		14. MOTHER'S MAIDEN NAME Mary Byrne	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ---	
17. INFORMANT Rev. Frank Johnson		Address Gormanian, W. Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Occlusion, Acute DUE TO (b) Arteriosclerotic Cardiovascular DUE TO (c) disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.			INTERVAL BETWEEN ONSET AND DEATH 20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 19 57 to April 19 59 , that I last saw the deceased alive on April 16, 19 59 , and that death occurred at 11:30 P M, from the causes and on the date stated above.			
ACTUAL SIGNATURE Herbert H. Leighton M.D.		DATE SIGNED 19 Apr 59	
PHYSICIAN'S NAME (Type) Herbert H. Leighton, M. D.		Oakland, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 4/21/1959	22c. NAME OF CEMETERY OR CREMATORY Eglon Cemetery	22d. LOCATION (City, town, or county) (State) Eglon, Preston Co., W. Va.
23. FUNERAL DIRECTOR'S SIGNATURE H. Leighton		ADDRESS Oakland, Md.	24a. REC'D BY REGISTRAR APR 21 '59
		24b. REGISTRAR'S SIGNATURE Arthur E. Hanes	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

100

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04370

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Garrett</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Garrett</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Shallmar</u>		c. LENGTH OF STAY IN 1b <u>52 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X Shallmar</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) --				/d. STREET ADDRESS ---			
3. NAME OF DECEASED (Type or print) <div style="display: flex; justify-content: space-around;"> First <u>Frank</u> Middle Last <u>Kato</u> </div>				4. DATE OF DEATH <u>April</u> <u>19</u> , <u>19</u> <u>59</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1878</u>	9. AGE (In years last birthday) <u>80</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soft Coal Mines</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>			
12. CITIZEN OF WHAT COUNTRY? <u>Russia</u>				13. FATHER'S NAME <u>Unknown</u>			
14. MOTHER'S MAIDEN NAME <u>Unknown</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>216-01-4857</u>		17. INFORMANT <u>From Papers on his person</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> Years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)		
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>James H. Feaster, Jr.</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <u>4-19-59</u>			
EXAMINER'S NAME (Type) <u>James H. Feaster, Jr., M. D.</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>4/21/1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Calbaugh Cemetery</u>			
22d. LOCATION (City, town, or county) <u>Elk Garden, W. Va.</u>		(State)					
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Leighton</u>		ADDRESS <u>Oakland, Md.</u>		24a. REC'D BY REGISTRAR <u>APR 27 '59</u>			
24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hand</u>							

MEDICAL CERTIFICATION

2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate by writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Office of Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 19
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. OCCUPATION	
6. PLACE OF BIRTH		7. DATE OF BIRTH		8. DATE OF DEATH		9. TIME OF DEATH		10. PLACE OF DEATH	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. SIGNATURE OF EXAMINER		14. SIGNATURE OF ATTENDING PHYSICIAN		15. SIGNATURE OF CORONER	
16. SIGNATURE OF JURY		17. SIGNATURE OF WITNESSES		18. SIGNATURE OF FUNERAL HOME		19. SIGNATURE OF BURIAL PLACE		20. SIGNATURE OF INTERVIEWER	
21. SIGNATURE OF INTERVIEWER		22. SIGNATURE OF INTERVIEWER		23. SIGNATURE OF INTERVIEWER		24. SIGNATURE OF INTERVIEWER		25. SIGNATURE OF INTERVIEWER	
26. SIGNATURE OF INTERVIEWER		27. SIGNATURE OF INTERVIEWER		28. SIGNATURE OF INTERVIEWER		29. SIGNATURE OF INTERVIEWER		30. SIGNATURE OF INTERVIEWER	
31. SIGNATURE OF INTERVIEWER		32. SIGNATURE OF INTERVIEWER		33. SIGNATURE OF INTERVIEWER		34. SIGNATURE OF INTERVIEWER		35. SIGNATURE OF INTERVIEWER	
36. SIGNATURE OF INTERVIEWER		37. SIGNATURE OF INTERVIEWER		38. SIGNATURE OF INTERVIEWER		39. SIGNATURE OF INTERVIEWER		40. SIGNATURE OF INTERVIEWER	
41. SIGNATURE OF INTERVIEWER		42. SIGNATURE OF INTERVIEWER		43. SIGNATURE OF INTERVIEWER		44. SIGNATURE OF INTERVIEWER		45. SIGNATURE OF INTERVIEWER	
46. SIGNATURE OF INTERVIEWER		47. SIGNATURE OF INTERVIEWER		48. SIGNATURE OF INTERVIEWER		49. SIGNATURE OF INTERVIEWER		50. SIGNATURE OF INTERVIEWER	
51. SIGNATURE OF INTERVIEWER		52. SIGNATURE OF INTERVIEWER		53. SIGNATURE OF INTERVIEWER		54. SIGNATURE OF INTERVIEWER		55. SIGNATURE OF INTERVIEWER	
56. SIGNATURE OF INTERVIEWER		57. SIGNATURE OF INTERVIEWER		58. SIGNATURE OF INTERVIEWER		59. SIGNATURE OF INTERVIEWER		60. SIGNATURE OF INTERVIEWER	
61. SIGNATURE OF INTERVIEWER		62. SIGNATURE OF INTERVIEWER		63. SIGNATURE OF INTERVIEWER		64. SIGNATURE OF INTERVIEWER		65. SIGNATURE OF INTERVIEWER	
66. SIGNATURE OF INTERVIEWER		67. SIGNATURE OF INTERVIEWER		68. SIGNATURE OF INTERVIEWER		69. SIGNATURE OF INTERVIEWER		70. SIGNATURE OF INTERVIEWER	
71. SIGNATURE OF INTERVIEWER		72. SIGNATURE OF INTERVIEWER		73. SIGNATURE OF INTERVIEWER		74. SIGNATURE OF INTERVIEWER		75. SIGNATURE OF INTERVIEWER	
76. SIGNATURE OF INTERVIEWER		77. SIGNATURE OF INTERVIEWER		78. SIGNATURE OF INTERVIEWER		79. SIGNATURE OF INTERVIEWER		80. SIGNATURE OF INTERVIEWER	
81. SIGNATURE OF INTERVIEWER		82. SIGNATURE OF INTERVIEWER		83. SIGNATURE OF INTERVIEWER		84. SIGNATURE OF INTERVIEWER		85. SIGNATURE OF INTERVIEWER	
86. SIGNATURE OF INTERVIEWER		87. SIGNATURE OF INTERVIEWER		88. SIGNATURE OF INTERVIEWER		89. SIGNATURE OF INTERVIEWER		90. SIGNATURE OF INTERVIEWER	
91. SIGNATURE OF INTERVIEWER		92. SIGNATURE OF INTERVIEWER		93. SIGNATURE OF INTERVIEWER		94. SIGNATURE OF INTERVIEWER		95. SIGNATURE OF INTERVIEWER	
96. SIGNATURE OF INTERVIEWER		97. SIGNATURE OF INTERVIEWER		98. SIGNATURE OF INTERVIEWER		99. SIGNATURE OF INTERVIEWER		100. SIGNATURE OF INTERVIEWER	

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Items 4,8 FilmG242 5-8-59 et
4383
CERTIFICATE OF DEATH

04371
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Garrett</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>		c. LENGTH OF STAY IN 1b <u>X</u> <u>Oakland</u> Rural	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Garrett Co. Memorial Hospital</u>		e. STREET ADDRESS <u>Route # 1 Box 135</u>	
3. NAME OF DECEASED (Type or print) First <u>Curtis</u> Middle <u>Wayne</u> Last <u>Kisner</u>		4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12 April 1959</u>
9. AGE (In years last birthday) <u>NB</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Oakland, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13. FATHER'S NAME <u>Melvin Fray Kisner</u>		14. MOTHER'S MAIDEN NAME <u>Eva Mae Moon</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT <u>"Mother" Eva M. Kisner</u>		Address <u>Rt. 1 Box 135 Oakland, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>776x Prematurity (5 months)</u> DUE TO (b) <u>5 months</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) <u></u> DUE TO (b) <u></u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Andrew E. Mance</u> M.D.		ADDRESS (Street, city or town, state) <u>Oakland, Md.</u> DATE SIGNED <u>12 Apr 59</u>	
PHYSICIAN'S NAME (Type) <u>Andrew E. Mance, M. D.,</u>		<u>Oakland, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>4/13/1959</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Oakland, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	
24a. REC'D BY REGISTRAR DATE <u>APR 20 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur J. Parnell</u>	

2070252XVO

INTX Garrett

ON A FARM? YES ☒ NO ☐

10 59

Hours	Min.
-------	------

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Hattie Trimblev

Address

Mt. Lake Park, Md.

INTERVAL BETWEEN ONSET AND DEATH

3 days

2 m. 7

Q1 19 WAS AUTOPS

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)

(Slate)

ADDRESS (Street, city or town, state)

DATE SIGNED _____

Richard F. Leighton M. D. Oakland Md

22d. LOCATION (City, town, or county)
near Gorman, Mo.

24b REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE
Arline L. H...

4385

CERTIFICATE OF DEATH

04373
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Garrett County MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE W. Va. b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, Maryland				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Lulis Joseph John Lulis				4. DATE OF DEATH Month April Day 3 Year 19 59			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12/24/82	
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months 10 Days 10 Hours 10 Min. 10		11. IF UNDER 24 HRS. Months 10 Days 10 Hours 10 Min. 10		12. IF UNDER 24 HRS. Months 10 Days 10 Hours 10 Min. 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Lithuania				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Lulis, Jack				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. 236-03-4021			
17. INFORMANT Self				Address Lulis, Joseph Gorman, W. Va.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic CVD 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) 422.1 DUE TO (c) 422.1 INTERVAL BETWEEN ONSET AND DEATH 5 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 1-15 , 19 53 , to 4-3 , 19 59 , that I last saw the deceased alive on 4-3- , 19 59 , and that death occurred at 3:10 P.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE Andrew E. Mance M.D.				ADDRESS (Street, city or town, state) Oakland, Md DATE SIGNED 4/8/59			
PHYSICIAN'S NAME (Type) Dr. Andrew E. Mance				Oakland, Maryland.			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 4/7/59		22c. NAME OF CEMETERY OR CREMATORY CATHOLIC		22d. LOCATION (City, town, or county) (State) Thomas W. Va.	
23. FUNERAL DIRECTOR'S SIGNATURE W. D. Dumeau, Thomas, W. Va.				24a. REC'D BY REGISTRAR DATE APR 8 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Thomas	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the registrar, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1938

Name of deceased _____		Date of death _____	
Sex _____		Age _____	
Race _____		Birth date _____	
Place of birth _____		Date of birth _____	
Usual residence _____		Date of residence _____	
Cause of death _____		Date of death _____	
Place of death _____		Date of death _____	
Signature of physician _____		Signature of registrar _____	
Date of signature _____		Date of signature _____	

This certificate is to be filled out by the physician or other qualified person who has attended the deceased or who has been informed of the cause of death. It is to be filed with the local health officer, who will forward it to the State Department of Health.

4386

CERTIFICATE OF DEATH

04374
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland				c. LENGTH OF STAY IN 1b 3 Days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First John Middle Adam Last Michael Sr.				4. DATE OF DEATH Month April Day 11 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-10-91	9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Wholesaler		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Michael				14. MOTHER'S MAIDEN NAME Cornelia Keller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 232-01-1309		17. INFORMANT Address 39 7th St. Oakland, Md. Wife Elizabeth Michael			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ (c) _____ INTERVAL BETWEEN ONSET AND DEATH 2 days							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from now , 19 40 , to 4-11-59 , 19 59 , that I last saw the deceased alive on 4-11-59 , 19 59 , and that death occurred at 7:00 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED E. I. Baumgartner M.D. 25 Alden St 4/11/59							
ACTUAL SIGNATURE E. I. Baumgartner							
PHYSICIAN'S NAME (Type) E. I. Baumgartner, M. D., Oakland, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/13/1959		22c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		22d. LOCATION (City, town, or county) (State) Oakland, Maryland.	
23. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton				ADDRESS Oakland, Md.		24a. REC'D BY REGISTRAR DATE APR 13 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Farns							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH



Name of Deceased		Age		Sex		Race		Date of Birth		Date of Death		Place of Death		Cause of Death		Manner of Death		Signature of Physician		Signature of Registrar	
John		30		Male		White		1910		1940		Home		Heart Disease		Natural		[Signature]		[Signature]	
Occupation		Education		Marital Status		Religion		Usual Residence		Usual Occupation		Usual Residence		Usual Occupation		Usual Residence		Usual Occupation		Usual Residence	
Teacher		High School		Married		Catholic		1234 Main St.		Teacher		1234 Main St.		Teacher		1234 Main St.		Teacher		1234 Main St.	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death		Signature of Physician		Signature of Registrar		Signature of Physician		Signature of Registrar		Signature of Physician		Signature of Registrar	
1940		10:00 AM		Home		Heart Disease		Natural		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death		Signature of Physician		Signature of Registrar		Signature of Physician		Signature of Registrar		Signature of Physician		Signature of Registrar	
1940		10:00 AM		Home		Heart Disease		Natural		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE MARYLAND DEPARTMENT OF HEALTH AND IS NOT VALID FOR ANY OTHER PURPOSE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1337

CERTIFICATE OF DEATH

114375

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY MARYLAND <div style="text-align: center; font-size: 1.2em;">Garrett</div>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. Va. b. COUNTY Mineral			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <div style="text-align: center; font-size: 1.2em;">Mt. Lake</div>			c. LENGTH OF STAY IN 1b <div style="text-align: center; font-size: 1.2em;">2 yrs</div>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <div style="text-align: center; font-size: 1.2em;">Keyser 85X-3</div>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <div style="text-align: center; font-size: 1.2em;">E. Weber Nursing Home</div>				d. STREET ADDRESS <div style="text-align: center; font-size: 1.2em;">26 Maple Ave</div>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <div style="text-align: center; font-size: 1.2em;">Elizabeth (NMN) MILLER</div>				4. DATE OF DEATH Month 4 Day 21 Year 19 59			
5. SEX <div style="text-align: center; font-size: 1.2em;">Female</div>		6. COLOR OR RACE <div style="text-align: center; font-size: 1.2em;">White</div>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <div style="text-align: center; font-size: 1.2em;">Sept. 15, 1864</div>	
9. AGE (In years last birthday) <div style="text-align: center; font-size: 1.2em;">94</div>		IF UNDER 1 YEAR Months Days 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <div style="text-align: center; font-size: 1.2em;">Housewife</div>				10b. KIND OF BUSINESS OR INDUSTRY <div style="text-align: center; font-size: 1.2em;">Flemington, N.J.</div>		11. BIRTHPLACE (State or foreign country) <div style="text-align: center; font-size: 1.2em;">U.S.A.</div>	
12. CITIZEN OF WHAT COUNTRY? <div style="text-align: center; font-size: 1.2em;">U.S.A.</div>				13. FATHER'S NAME <div style="text-align: center; font-size: 1.2em;">Unknown</div>			
14. MOTHER'S MAIDEN NAME <div style="text-align: center; font-size: 1.2em;">Unknown</div>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. (If yes, give war or dates of service)				17. INFORMANT <div style="text-align: center; font-size: 1.2em;">W. Lee Shipp, 26 Maple Keyser W Va</div>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STARVATION <div style="text-align: center; font-size: 1.2em;">450.0</div> DUE TO ARTERIOSCLEROSIS (b) SENILITY DUE TO (c) 							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. 				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				21. I certify that I attended the deceased from 12-20-57 , 19 4-20-59 , to 4-20-59 , 19 , that I last saw the deceased alive on 4-20-59 , 19 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.			
ADDRESS (Street, city or town, state) <div style="text-align: center; font-size: 1.2em;">58 2nd St., Oakland, Md.</div>				DATE SIGNED <div style="text-align: center; font-size: 1.2em;">4-21-59</div>			
ACTUAL SIGNATURE <div style="text-align: center; font-size: 1.2em;">James H. Feaster, Jr.</div>				PHYSICIAN'S NAME (Type) <div style="text-align: center; font-size: 1.2em;">JAMES H. FEASTER, JR., M. D.</div>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <div style="text-align: center; font-size: 1.2em;">Burial</div>				22b. DATE THEREOF <div style="text-align: center; font-size: 1.2em;">April 24, 1959</div>		22c. NAME OF CEMETERY OR CREMATORY <div style="text-align: center; font-size: 1.2em;">Queens Point</div>	
22d. LOCATION (City, town, or county) (State) <div style="text-align: center; font-size: 1.2em;">Keyser West Virginia</div>				23. FUNERAL DIRECTOR'S SIGNATURE <div style="text-align: center; font-size: 1.2em;">Rogers Funeral Home, Keyser W Va</div>			
24a. REC'D BY REGISTRAR DATE APR 24 '59				24b. REGISTRAR'S SIGNATURE <div style="text-align: center; font-size: 1.2em;">Arthur L. Thomas</div>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

4388
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, Maryland c. LENGTH OF STAY IN lb one day		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park, Maryland d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sarah Prudence Moon		4. DATE OF DEATH Month Day Year 4 8 19 59	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1883 9. AGE (In years last birthday) yrs. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jesse H. Shaffer		14. MOTHER'S MAIDEN NAME Caroline Calcamp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ---- 17. INFORMANT A. E. Friend Address Mt. Lake Park, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 36 hours 8 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from July 8, 1946 , to April 8, 1959 , that I last saw the deceased alive on April 8, 1959 , and that death occurred at 6:40 P. M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Andrew E. Mance M.D.		ADDRESS (Street, city or town, state) Oakland Md. DATE SIGNED 9 Apr 59	
PHYSICIAN'S NAME (Type) Dr. Andrew E. Mance		Oakland, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 4/11/1959	22c. NAME OF CEMETERY OR CREMATORY Red House Cemetery	22d. LOCATION (City, town, or county) (State) near Oakland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Alc. Reighton		ADDRESS Oakland, Md.	24a. REC'D BY REGISTRAR DATE APR 13 '59 24b. REGISTRAR'S SIGNATURE Civins L. Harris

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove ~~pages~~ papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
ISM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4389

CERTIFICATE OF DEATH

04377
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia b. COUNTY Preston	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN lb 4 yrs 5 months	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Evans Nursing Home		d. STREET ADDRESS Terra Alta 85X-3	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First David Middle Washington Last Nestor		4. DATE OF DEATH Month April Day 27 Year 19 59.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 29, 1874
9. AGE (In years last birthday) 84 yrs.		IF UNDER 1 YEAR Months 5 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	
11. BIRTHPLACE (State or foreign country) St. George, West Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Scott Nestor		14. MOTHER'S MAIDEN NAME Mary Hile	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. INFORMANT Mrs. Flora Losh, Kingwood, West Virginia.	
17. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary occlusion with infarction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic Cardiovascular DUE TO Disease (c) 15 yrs		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
18a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
19a. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		19b. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
19c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		19d. (City or town) (County) (State)	
20. I certify that I attended the deceased from July 19 53 , to April 27 19 59 , that I last saw the deceased alive on April 14 19 59 , and that death occurred at 1:45 PM, from the causes and on the date stated above.			
ACTUAL SIGNATURE William Harriman M.D.		ADDRESS (Street, city or town, state) Terra Alta, West Virginia DATE SIGNED 4/27/59	
PHYSICIAN'S NAME (Type) WILLIAM HARRIMAN, M.D.			
21a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		21b. DATE THEREOF 4/29/59	
21c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		21d. LOCATION (City, town, or county) (State) Kingwood, West Virginia.	
22. FUNERAL DIRECTOR'S SIGNATURE William Harriman		23a. REC'D BY REGISTRAR DATE APR 28 '59	
ADDRESS Terra Alta, W. Va.		23b. REGISTRAR'S SIGNATURE Arthur S. Kraus	
License F.D. A 6834			

CERTIFICATE OF DEATH

4382

Corbett

East Virginia

West Virginia

Causes

4 yrs 2 months

Years since

Years since

David

Washington

West

White

October 22, 1874

Age

Medical history

General, normal

Dr. Corbett, East Virginia

Good history

Good history

No

Dr. Corbett, East Virginia

Dr. Corbett, East Virginia

WILLIAM HARRISON, M.D.

General & Special History

General & Special History

License No. A 6234

Dr. Corbett, East Virginia

Dr. Corbett, East Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4390

CERTIFICATE OF DEATH

04378

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Garrett</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Garrett</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Garrett County Memorial Hospital</u>				d. STREET ADDRESS <u>127 Second Street</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Rennix</u> Last <u>Offutt</u>		4. DATE OF DEATH Month <u>4</u> Day <u>5</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/11/1878</u>	9. AGE (In years last birthday) <u>80</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>		11. BIRTHPLACE (State or foreign country) <u>Oakland, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Daniel Edward Offutt</u>				14. MOTHER'S MAIDEN NAME <u>Belle Seymour</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>(If yes, give war or dates of service)</u>		17. INFORMANT <u>Jane Offutt Burton</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Heart Failure</u> 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>Impaired head renal function</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>October</u> , 19 <u>52</u> , to <u>April</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>April 5</u> , 19 <u>59</u> , and that death occurred at <u>3:00 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. I. Baumgartner</u> M.D.				ADDRESS (Street, city or town, state) <u>2500 St</u> DATE SIGNED <u>4/5/59</u>			
PHYSICIAN'S NAME (Type) <u>E. I. Baumgartner, M.D.</u>				<u>Oakland, Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>4/8/59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Oakland Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald N. Minnich</u> ADDRESS <u>Oakland, Maryland</u>				24a. REC'D BY REGISTRAR <u>APR 13 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Henth</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the medical director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4391

CERTIFICATE OF DEATH

04379

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Garrett</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Garrett</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rt # 2 Oakland</u>				c. LENGTH OF STAY IN 1b <u>18 mos</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X Rt # 2 Oakland</u>			
				d. STREET ADDRESS <u>1</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <u>Maria</u> First <u>Presutti</u> Middle <u>Presutti</u> Last				4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 20, 1877</u>	
				9. AGE (In years last birthday) yrs. <u>81</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
				11. BIRTHPLACE (State or foreign country) <u>Italy</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Libert DiBacco</u>				14. MOTHER'S MAIDEN NAME <u>Rochet DiBacco</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>232-03-1556D</u>			
				17. INFORMANT Address <u>Mrs. George Stanya Rt. 2 Oakland Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Heart Disease</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerosis</u> DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
MEDICAL CERTIFICATION 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u> 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>12/20</u> , 19 <u>57</u> , to <u>4/19</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>4/19</u> , 19 <u>59</u> , and that death occurred at <u>7:55 P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Oakland Md</u> DATE SIGNED <u>20 Apr 59</u>							
ACTUAL SIGNATURE <u>Andrew E Mance</u> M.D. <u>A.E. MANCE, M.D.</u> OAKLAND, MARYLAND							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>4/23/59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cemetery Coalton W. Va.</u>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald N. Winnich</u> ADDRESS <u>Oakland, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>APR 27 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Hester</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH - DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

1933

NAME OF DECEASED

AGE

SEX

DATE

PLACE

CAUSE

PLACE OF DEATH

CAUSE OF DEATH

DATE

PLACE OF DEATH

DATE

PLACE OF DEATH

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PLACE OF DEATH

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1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4392

CERTIFICATE OF DEATH

Reg. Dist. No.

04380

1. PLACE OF DEATH a. COUNTY <u>Garrett</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>West Virginia</u> b. COUNTY <u>Grant</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>		c. LENGTH OF STAY IN 1b <u>53 minutes</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Gorman</u> <u>85x-3</u> ✓			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Garrett County Memorial Hospital</u>				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Daisy</u> Middle <u>Ellen</u> Last <u>Reall</u>				4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1959</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 7, 1888</u>	
9. AGE (In years last birthday) <u>71</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Taylor Rummors</u>				14. MOTHER'S MAIDEN NAME <u>Martha Winters</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address <u>Arthur C. Reall, Table Rock, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> 4444X DUE TO <u>Arteriosclerosis, generalized</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) DUE TO <u>Hypertension</u> (c)						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arthritis, hypertrophic</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Dec. 1957</u> , 19____, to <u>4-24-59</u> , 19____, that I last saw the deceased alive on <u>4-24-59</u> , 19____, and that death occurred at <u>11:58 PM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>58 2nd. St., Oakland, Md.</u> DATE SIGNED _____ ACTUAL SIGNATURE <u>James H. Feater, Jr.</u> M.D. PHYSICIAN'S NAME (Type) <u>Dr. James H. Feater, Jr.</u> <u>Oakland, Md.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>4/27/59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Garrett County, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald N. Mimmich</u> <u>Oakland, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>APR 29 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur C. Reall</u>	

Reg. Dist. No.

VS A15 (4)
15M 10/57

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Nature of disease		8. Duration of illness	
9. Name of physician		10. Name of attending nurse		11. Name of undertaker		12. Name of funeral home	
13. Name of cemetery		14. Name of burial place		15. Name of interment		16. Name of monument	
17. Name of registrar		18. Name of registrar		19. Name of registrar		20. Name of registrar	
21. Name of registrar		22. Name of registrar		23. Name of registrar		24. Name of registrar	
25. Name of registrar		26. Name of registrar		27. Name of registrar		28. Name of registrar	
29. Name of registrar		30. Name of registrar		31. Name of registrar		32. Name of registrar	
33. Name of registrar		34. Name of registrar		35. Name of registrar		36. Name of registrar	
37. Name of registrar		38. Name of registrar		39. Name of registrar		40. Name of registrar	
41. Name of registrar		42. Name of registrar		43. Name of registrar		44. Name of registrar	
45. Name of registrar		46. Name of registrar		47. Name of registrar		48. Name of registrar	
49. Name of registrar		50. Name of registrar		51. Name of registrar		52. Name of registrar	
53. Name of registrar		54. Name of registrar		55. Name of registrar		56. Name of registrar	
57. Name of registrar		58. Name of registrar		59. Name of registrar		60. Name of registrar	
61. Name of registrar		62. Name of registrar		63. Name of registrar		64. Name of registrar	
65. Name of registrar		66. Name of registrar		67. Name of registrar		68. Name of registrar	
69. Name of registrar		70. Name of registrar		71. Name of registrar		72. Name of registrar	
73. Name of registrar		74. Name of registrar		75. Name of registrar		76. Name of registrar	
77. Name of registrar		78. Name of registrar		79. Name of registrar		80. Name of registrar	
81. Name of registrar		82. Name of registrar		83. Name of registrar		84. Name of registrar	
85. Name of registrar		86. Name of registrar		87. Name of registrar		88. Name of registrar	
89. Name of registrar		90. Name of registrar		91. Name of registrar		92. Name of registrar	
93. Name of registrar		94. Name of registrar		95. Name of registrar		96. Name of registrar	
97. Name of registrar		98. Name of registrar		99. Name of registrar		100. Name of registrar	

1 hours after death.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 1 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4394

CERTIFICATE OF DEATH

04382

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY GARRETT STATE MARYLAND CITY (If outside corporate limits, write RURAL OR TOWN RURAL-SWANTON LENGTH OF STAY (in this place) 68 yrs		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- SWANTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#1- TURKEY NECK		STREET ADDRESS (If rural give location) R#1- TURKEY NECK	
3. NAME OF DECEASED (First) SUE (Middle) ELIZABETH (Last) STEIDING		4. DATE OF DEATH (Month) APRIL (Day) 5 (Year) 1959	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH 14, 1867
9. AGE last birthday 92 yrs.		10. IF UNDER 1 YEAR (Months) 5 (Days) 19 (Hours) 19 (Min.)	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Housework		11b. KIND OF BUSINESS OR INDUSTRY Own home	
12. BIRTHPLACE (State or foreign country) GARRETT CO., MARYLAND		13. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. FATHER'S NAME THEODORE BECKMAN		15. MOTHER'S MAIDEN NAME LOUISA O'BRIEN	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)		17. SOCIAL SECURITY NO. NONE	
18. INFORMANT & ADDRESS Mrs. Dora Schmidt, R#1, Swanton, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442X IMMEDIATE CAUSE (A) Acute Myocardial Infarction ANTECEDENT CAUSE(S) DUE TO (B) Coronary Artery Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) 10 days		INTERVAL BETWEEN ONSET AND DEATH 2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Left cerebral hemorrhage with left-sided paralysis		10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
20c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21b. INJURY OCCURRED While at work Not while at work	
22. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 29, 1959, to April 5, 1959, that I last saw the deceased alive on April 5, 1959, and that death occurred at 7:20 A.M. on the causes and on the date stated above.			
SIGNATURE Ralph Calandella M.D.		DATE SIGNED April 6/59	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24. DATE THEREOF 4/7/59	
25. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery		26. LOCATION (City, town, or county) (State) Deer Park, Garrett Co. Md	
27. REC'D BY REGISTRAR APR 8 '59		28. REGISTRAR'S SIGNATURE Arthur L. Evans	
29. FUNERAL DIRECTOR'S SIGNATURE H. P. Leighton		30. ADDRESS Oakland, Md	

CERTIFICATE OF DEATH

4382

Form No. 10

1. NAME OF DECEASED (PRINT OR WRITE FULL NAME)

2. SEX (M/F)

3. AGE (Years/Months/Days)

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF DEATH

7. TIME OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. SIGNATURE OF REGISTRAR

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF MEDICAL OFFICER

13. SIGNATURE OF VICE-MAYOR

14. SIGNATURE OF CHAIRMAN

15. SIGNATURE OF MEMBERS

16. SIGNATURE OF CLERK

17. SIGNATURE OF ASSISTANT CLERK

18. SIGNATURE OF DEPUTY CLERK

19. SIGNATURE OF JUNIOR CLERK

20. SIGNATURE OF STENOGRAPHER

21. SIGNATURE OF TYPEWRITER

22. SIGNATURE OF MESSENGER

23. SIGNATURE OF PORTER

24. SIGNATURE OF CLEANER

25. SIGNATURE OF GARDENER

26. SIGNATURE OF COOK

27. SIGNATURE OF BUTLER

28. SIGNATURE OF PAINTER

29. SIGNATURE OF CARPENTER

30. SIGNATURE OF MASON

31. SIGNATURE OF ELECTRICIAN

32. SIGNATURE OF PLUMBER

33. SIGNATURE OF WATCHMAN

34. SIGNATURE OF NIGHT WATCHMAN

35. SIGNATURE OF SECURITY GUARD

36. SIGNATURE OF DOORKEEPER

37. SIGNATURE OF PORTER

38. SIGNATURE OF CLEANER

39. SIGNATURE OF GARDENER

40. SIGNATURE OF COOK

41. SIGNATURE OF BUTLER

42. SIGNATURE OF PAINTER

43. SIGNATURE OF CARPENTER

44. SIGNATURE OF MASON

45. SIGNATURE OF ELECTRICIAN

46. SIGNATURE OF PLUMBER

47. SIGNATURE OF WATCHMAN

48. SIGNATURE OF NIGHT WATCHMAN

49. SIGNATURE OF SECURITY GUARD

50. SIGNATURE OF DOORKEEPER

51. SIGNATURE OF PORTER

52. SIGNATURE OF CLEANER

53. SIGNATURE OF GARDENER

54. SIGNATURE OF COOK

55. SIGNATURE OF BUTLER

56. SIGNATURE OF PAINTER

57. SIGNATURE OF CARPENTER

58. SIGNATURE OF MASON

59. SIGNATURE OF ELECTRICIAN

60. SIGNATURE OF PLUMBER

61. SIGNATURE OF WATCHMAN

62. SIGNATURE OF NIGHT WATCHMAN

63. SIGNATURE OF SECURITY GUARD

64. SIGNATURE OF DOORKEEPER

65. SIGNATURE OF PORTER

66. SIGNATURE OF CLEANER

67. SIGNATURE OF GARDENER

68. SIGNATURE OF COOK

69. SIGNATURE OF BUTLER

70. SIGNATURE OF PAINTER

71. SIGNATURE OF CARPENTER

72. SIGNATURE OF MASON

73. SIGNATURE OF ELECTRICIAN

74. SIGNATURE OF PLUMBER

75. SIGNATURE OF WATCHMAN

76. SIGNATURE OF NIGHT WATCHMAN

77. SIGNATURE OF SECURITY GUARD

78. SIGNATURE OF DOORKEEPER

79. SIGNATURE OF PORTER

80. SIGNATURE OF CLEANER

81. SIGNATURE OF GARDENER

82. SIGNATURE OF COOK

83. SIGNATURE OF BUTLER

84. SIGNATURE OF PAINTER

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86. SIGNATURE OF MASON

87. SIGNATURE OF ELECTRICIAN

88. SIGNATURE OF PLUMBER

89. SIGNATURE OF WATCHMAN

90. SIGNATURE OF NIGHT WATCHMAN

91. SIGNATURE OF SECURITY GUARD

92. SIGNATURE OF DOORKEEPER

93. SIGNATURE OF PORTER

94. SIGNATURE OF CLEANER

95. SIGNATURE OF GARDENER

96. SIGNATURE OF COOK

97. SIGNATURE OF BUTLER

98. SIGNATURE OF PAINTER

99. SIGNATURE OF CARPENTER

100. SIGNATURE OF MASON

101. SIGNATURE OF ELECTRICIAN

102. SIGNATURE OF PLUMBER

103. SIGNATURE OF WATCHMAN

104. SIGNATURE OF NIGHT WATCHMAN

105. SIGNATURE OF SECURITY GUARD

106. SIGNATURE OF DOORKEEPER

107. SIGNATURE OF PORTER

108. SIGNATURE OF CLEANER

109. SIGNATURE OF GARDENER

110. SIGNATURE OF COOK

111. SIGNATURE OF BUTLER

112. SIGNATURE OF PAINTER

113. SIGNATURE OF CARPENTER

114. SIGNATURE OF MASON

115. SIGNATURE OF ELECTRICIAN

116. SIGNATURE OF PLUMBER

117. SIGNATURE OF WATCHMAN

118. SIGNATURE OF NIGHT WATCHMAN

119. SIGNATURE OF SECURITY GUARD

120. SIGNATURE OF DOORKEEPER

121. SIGNATURE OF PORTER

122. SIGNATURE OF CLEANER

123. SIGNATURE OF GARDENER

124. SIGNATURE OF COOK

125. SIGNATURE OF BUTLER

126. SIGNATURE OF PAINTER

127. SIGNATURE OF CARPENTER

128. SIGNATURE OF MASON

129. SIGNATURE OF ELECTRICIAN

130. SIGNATURE OF PLUMBER

131. SIGNATURE OF WATCHMAN

132. SIGNATURE OF NIGHT WATCHMAN

133. SIGNATURE OF SECURITY GUARD

134. SIGNATURE OF DOORKEEPER

135. SIGNATURE OF PORTER

136. SIGNATURE OF CLEANER

137. SIGNATURE OF GARDENER

138. SIGNATURE OF COOK

139. SIGNATURE OF BUTLER

140. SIGNATURE OF PAINTER

141. SIGNATURE OF CARPENTER

142. SIGNATURE OF MASON

143. SIGNATURE OF ELECTRICIAN

144. SIGNATURE OF PLUMBER

145. SIGNATURE OF WATCHMAN

146. SIGNATURE OF NIGHT WATCHMAN

147. SIGNATURE OF SECURITY GUARD

148. SIGNATURE OF DOORKEEPER

149. SIGNATURE OF PORTER

150. SIGNATURE OF CLEANER

151. SIGNATURE OF GARDENER

152. SIGNATURE OF COOK

153. SIGNATURE OF BUTLER

154. SIGNATURE OF PAINTER

155. SIGNATURE OF CARPENTER

156. SIGNATURE OF MASON

157. SIGNATURE OF ELECTRICIAN

158. SIGNATURE OF PLUMBER

159. SIGNATURE OF WATCHMAN

160. SIGNATURE OF NIGHT WATCHMAN

161. SIGNATURE OF SECURITY GUARD

162. SIGNATURE OF DOORKEEPER

163. SIGNATURE OF PORTER

164. SIGNATURE OF CLEANER

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166. SIGNATURE OF COOK

167. SIGNATURE OF BUTLER

168. SIGNATURE OF PAINTER

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180. SIGNATURE OF COOK

181. SIGNATURE OF BUTLER

182. SIGNATURE OF PAINTER

183. SIGNATURE OF CARPENTER

184. SIGNATURE OF MASON

185. SIGNATURE OF ELECTRICIAN

186. SIGNATURE OF PLUMBER

187. SIGNATURE OF WATCHMAN

188. SIGNATURE OF NIGHT WATCHMAN

189. SIGNATURE OF SECURITY GUARD

190. SIGNATURE OF DOORKEEPER

191. SIGNATURE OF PORTER

192. SIGNATURE OF CLEANER

193. SIGNATURE OF GARDENER

194. SIGNATURE OF COOK

195. SIGNATURE OF BUTLER

196. SIGNATURE OF PAINTER

197. SIGNATURE OF CARPENTER

198. SIGNATURE OF MASON

199. SIGNATURE OF ELECTRICIAN

200. SIGNATURE OF PLUMBER

201. SIGNATURE OF WATCHMAN

202. SIGNATURE OF NIGHT WATCHMAN

203. SIGNATURE OF SECURITY GUARD

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206. SIGNATURE OF CLEANER

207. SIGNATURE OF GARDENER

208. SIGNATURE OF COOK

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210. SIGNATURE OF PAINTER

211. SIGNATURE OF CARPENTER

212. SIGNATURE OF MASON

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239. SIGNATURE OF CARPENTER

240. SIGNATURE OF MASON

241. SIGNATURE OF ELECTRICIAN

242. SIGNATURE OF PLUMBER

243. SIGNATURE OF WATCHMAN

244. SIGNATURE OF NIGHT WATCHMAN

245. SIGNATURE OF SECURITY GUARD

246. SIGNATURE OF DOORKEEPER

247. SIGNATURE OF PORTER

248. SIGNATURE OF CLEANER

249. SIGNATURE OF GARDENER

250. SIGNATURE OF COOK

251. SIGNATURE OF BUTLER

252. SIGNATURE OF PAINTER

253. SIGNATURE OF CARPENTER

254. SIGNATURE OF MASON

255. SIGNATURE OF ELECTRICIAN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4395

CERTIFICATE OF DEATH

Reg. Dist. No. 04283

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland. b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kitzmiller		c. LENGTH OF STAY IN 1b 6 Weeks	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Home of D. V. Pratt		/d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Scott Middle Benjamin Last Tasker		4. DATE OF DEATH Month April Day 14 , Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1878
9. AGE (In years last birthday) 80 yrs.		IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Archibald Tasker		14. MOTHER'S MAIDEN NAME Susan Lavina Hardesty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 15-36-7834	
17. INFORMANT Mrs. D. V. Pratt		Address Kitzmiller, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular hemorrhage DUE TO Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 4 weeks 8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 5/26/1958 to 4/14/1959 , that I last saw the deceased olive on 3/21/1959 , and that death occurred at 12:45 A.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE Andrew E. Mance M.D.		ADDRESS (Street, city or town, state) Oakland Md DATE SIGNED 15 Apr 59	
PHYSICIAN'S NAME (Type) Andrew E. Mance, M. D.		Oakland, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/16/1959	
22c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery		22d. LOCATION (City, town, or county) (State) Deer Park, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE H. C. Reighton		ADDRESS Oakland, Md.	
24a. REC'D BY REGISTRAR DATE APR 20 '59		24b. REGISTRAR'S SIGNATURE Arthur L. House	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4396
CERTIFICATE OF DEATH

4384
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>West Virginia</u> b. COUNTY <u>Grant</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>		c. LENGTH OF STAY IN 1b <u>8 days, 9 hours</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Garrett County Memorial Hospital</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Maude</u> Middle <u>White</u> Last <u>White</u>		4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1959</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11, 1876</u>
9. AGE (In years last birthday) <u>82</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Hopwood Kildow</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Starr</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT Address <u>Mrs. Roy Layton, Bayard, W.Va. - Daughter</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, Bronchial</u> 450.0 DUE TO <u> </u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>arteriosclerosis</u> DUE TO <u> </u> (c) <u> </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>5 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>		20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u> </u> <u> </u> <u>19</u>	
20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u>	
20f. (City or town) <u> </u> (County) <u> </u> (State) <u> </u>		21. I certify that I attended the deceased from <u>Oct 19</u> , 19 <u>55</u> , to <u>April 3</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>April 3</u> , 19 <u>59</u> , and that death occurred at <u>12:28A</u> M, from the causes and on the date stated above.	
ACTUAL SIGNATURE <u>Andrew E. Mance</u> M.D.		ADDRESS (Street, city or town, state) <u>Oakland Md</u> DATE SIGNED <u>30pm 59</u>	
PHYSICIAN'S NAME (Type) <u>Dr. Andrew E. Mance, M.D.</u>		<u>Oakland, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>4/5/59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Bayard Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Bayard, West Virginia</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald N. Minnich</u> ADDRESS <u>Oakland Maryland</u>		24a. REC'D BY REGISTRAR DATE <u>APR 7 '59</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur S. Brown</u>			

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